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	Reduction Act of 1995, no person	U.S. Patent and Trademark Of	visa through 10/31/2002. Ones of the files; U.S. DEPARTMENT OF COMMERCE less if Cisolays a valid OMB control number.	Timpl
	PETITION FOR EXTENSION OF	TIME UNDER 37 CFR 1.136(a)	P1756US00	17
}-	PETITION FOR EXILE	In re Application of Davis		74
		Application Number 10/040,340	Filed 11/1/2001	2/5/03
		For]
		Group Art Unit 2841	Examiner PHAN, Thanh S.	1
	This is a request under the provisions o reply in the above identified application.		or filing a	
	The requested extension and appropriation (check time period desired):	te non-small-entity fee are as follows		
Ì	One month (37 CFR 1.17(a)(1))	\$_110.00	1
	Two months (37 CFR 1.17		5	
	Three months (37 CFR 1.		\$	
	Four months (37 CFR 1.1)	7(a)(4)) .	\$	
		(/a\/5\)		
	Applicant claims small entity sta	tus. See 37 CFR 1.27. Therefore, the fee		
'	above is reduced by one-half, all A check in the amount of the fe	e is enclosed.		
	Daywood by godit card. Form F	TO-2038 is attached.	÷	
	The Commissioner has already	been authorized to charge rees in and	•	
	application to a Deposit Account	t. thorized to charge any fees which may b	pe required. FAX RECE	INED
	I AF AFANT SIN OVELLAVING IN 19 5	apoon		2002
	I have enclosed a duplicate cor	by of this sheet.	FEB 0 4 7	ZU113
	l am the applicant/inventor	the interest Sec. 37 CFR 3 71.	TECHNOLOGY CER	NTER 2800
	assignee of record of Statement under	f the entire interest. See 37 CFR 3.71. 37 CFR 3.73(b) is enclosed. (Form PTC	S/SB/96). TECHNOLOGI DE	
	attorney or agent of	record.		
003 RTY	Registration number	der 37 CFR 1.34(a). r if acting under 37 CFR 1.34(a)	on a second pot	
251	· •	form may become public. Credit cardide credit cardide credit card information and autho	rization on PTO-2038.	
	be included on this form. Prov		$\bigcap \bigcap \bigcap$	
	February 5, 2003	Jut Ch	aldo Uchanha	
	Date		ignature	1
			Richardson, Reg. No. 43,436	
			yped or printed name	
	NOTE: Signatures of all the inventors or assignments if more than one signature is required.	nees of record of the entire Interest or their repressee below.	sentative(s) are required. Submit multip	le
	Total offorms are suft Burden Hour Statement: This form is estimated to take Burden Hour Statement: This form is estimated to complete this			